VA/DoD Tobacco Use Cessation (TUC) Guidelines

POCKET

CARD

Medication Table (VA/DoD guideline Appendix 2)

Pharmacotherapy Considerations for Tobacco Use Cessation

1. Who should receive?	All tobacco users trying to quit except for: •Medical contraindications •Non-nicotine dependence •Pregnant/breast feeding •Adolescents

2. Who may not benefit?	Non-nicotine dependent patients with no withdrawal symptoms. Nicotine dependence pharmacotherapies treat nicotine withdrawal symptoms and may not benefit users who are not nicotine dependent and have no withdrawal

3. What about low level tobacco users (less than 10-15 cigarettes per day or less than one can/pouch of tobacco per week)?	Consider reducing dose of Nicotine Replacement Therapy (NRT). No adjustments with Bupropion SR dosage.
4. What about patients concerned with weight gain?	Bupropion SR & NRT, in particular nicotine gum, have been shown to delay, but not prevent, weight

5. What about gender differences?	Women have greater: •Concern about weight gain •Likelihood of depression •Hormonal influences (Quit date should not be within 7 days of onset of menses.)
6. Who should be considered for long-term pharmacotherapy	•Those with persistent withdrawal symptoms.

6. (Continued)	Use of these medications long term does not present a known health risk
7. What about combination pharmacotherapy?	•Bupropion SR can be used safely in combination with NRT. •Combining the nicotine patch with other forms of NRT increases long-term abstinence.

The 5 “A”s

- Ask: Systematically identify all tobacco users *at every visit*.
- Advise: Strongly urge all tobacco users to quit using a clear, personalized message
- Assess: Determine willingness to quit tobacco
- Assist: Aid the patient in quitting
- Arrange: Schedule follow-up

The 5 “R”s

- Relevance
  - Specific to patient’s disease status
  - Age, gender, socioeconomic status
  - Prior quitting experience

The 5 “R”s

- Risks (including those exposed to second hand smoke)
  - Acute (shortness of breath, asthma, pregnancy, impotence, infertility, and increased CO)
  - Long-term (cardiovascular, pulmonary, and cancers)
  - Environmental (higher rates of tobacco use in children, increased risk for low birth weight, SIDS, asthma, and upper respiratory tract infections)

The 5 “R”s

- Rewards
  - Improved health
  - Food will taste better
  - Improved sense of smell
  - Save money
  - Feel better about yourself
  - Set a better example
  - Home, car, clothing and breath will smell better

The 5 “R”s

- Rewards (con’t)
  - Can stop worrying about quitting
  - Healthier babies and children
  - Reduced wrinkling and aging
  - Increased fertility
  - Perform better in physical activities (improve military fitness scores)
  - Improved sex-life
  - Decreased social isolation

The 5 “R”s

- Roadblocks (barriers to quitting)
  - Withdrawal symptoms
  - Fear of failure
  - Weight gain
  - Lack of support
  - Depression
  - Enjoyment of tobacco
  - Negative experience from prior quit attempts

The 5 “R”s

- Repetition
  - Unmotivated patients should receive motivational counseling at every medical and dental visit
  - Reassure patients that many people have repeated quit attempts before they are successful

Special Considerations

Pregnancy	Serious risk of tobacco to the fetus & mother. Quitting anytime during pregnancy benefits fetus & mother. **Options**: • Tobacco abstinence • Psychosocial support • If unable to quit, assess the benefits & risks of

Special Considerations (Con't)

Children & Adolescents **Children**	•Both will benefit from provider's intervention message to the parent. •Counsel both to avoid tobacco •Prevent access to tobacco • Secure all NRT products.

Special Considerations (Con't)

Adolescents	•No evidence that bupropion SR or NRT is harmful for adolescents. • Clinicians may consider their use only with significant nicotine dependence.

Special Considerations (Con't)

Occupational risk *High risk occupations*	Use military population considerations, e.g., flight status, . ***Check bupropion SR use with pilots, truck drivers, etc.***
Psychiatric co-morbidities	•Screen for depression, anxiety, substance use disorder, psychosis, PTSD, eating disorder •Consider referral/consult to Mental Health

Special Considerations (Con't)

Older smokers (age >50 years)	Benefits of TUC are not limited by age. *Telephone counseling appears particularly helpful with the older user.*

Nicotine Addiction Assessment:

- Nicotine Withdrawal Syndrome (NWS):
  - Four or more of the following signs and symptoms occur after abrupt cessation or reduction in the use of nicotine products:

Nicotine Addiction Assessment:

1) dysphoria or depressed mood
2) insomnia
3) irritability, frustration, or anger
4) anxiety
5) difficulty concentrating
6) restlessness or impatience
7) decreased heart rate
8) increased appetite or weight gain

Relapse Prevention

- The healthcare team members should
  - congratulate the former tobacco user on his or her success in quitting,
  - discuss the meaningful benefits, and
  - advise the former tobacco user to initially avoid tobacco users and alcohol.

Common problems and appropriate responses after tobacco abstinence:

1. Lack of support	Visits, telephone calls or referral to counseling or support group
2. Mood disorders	Counseling or referral
3. Prolonged nicotine withdrawal symptoms	Combined or extended pharmacotherapy
4. Weight gain	Healthy diet, exercise, counseling & pharmacotherapy
5. Feeling deprived	•Reassure this is common & temporary. •Screen for relapse. •Suggest a non-tobacco reward instead of tobacco.